

# VILLAGE OF VOLENTE EMPLOYMENT APPLICATION

*We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.*

**PLEASE PRINT**

Position(s) Applied for: \_\_\_\_\_ Date of Application: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Full Name: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Number Street City State Zip

Telephone Numbers: \_\_\_\_\_  
Home Cell or Alternative Number

Social Security Number: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

Best time to contact you at home is: \_\_\_\_\_ a.m. / p.m. Email: \_\_\_\_\_

**(CIRCLE ONE)**

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before?..... Yes No  
If Yes, date \_\_\_\_\_

Have you ever been employed with us before? ..... Yes No  
If Yes, give date \_\_\_\_\_

Do any of your friends or relatives, other than spouse, work here? ..... Yes No

Are you currently employed? ..... Yes No

May we contact your present employer? ..... Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? *Proof of Citizenship of immigration status will be required upon employment.* ..... Yes No

Have you ever been convicted of a felony? ..... Yes No

Date available for work: \_\_\_\_\_ What is your desired salary? \$ \_\_\_\_\_ per \_\_\_\_\_

Are you available to work: \_\_\_\_\_ Full-Time  
\_\_\_\_\_ Part-Time (Please indicate Morning or Afternoon)  
\_\_\_\_\_ Temporary (Please indicate dates available) \_\_\_\_\_

Are you currently on "lay-off" status and subject to recall? ..... Yes No

Can you travel if a job requires it? ..... Yes No

**EDUCATION:**

<b>Elementary School</b> Name and Address		Years completed	
<b>High School</b> Name and Address		Years completed	Diploma?
<b>Undergraduate College</b> Name and Address	Course of Study	Years completed	Diploma/D
<b>Graduate/Professional School</b> Name and Address	Course of Study	Years completed	Diploma/D
<b>Other</b> (Specify) Name and Address of School	Course of Study	Years completed	Diploma/D

Describe any specialized training, apprenticeship, skills and extra-curricular activities:

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Describe any job-related training received while in United States military service:

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**EMPLOYMENT EXPERIENCE**

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.) Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City State Zip

Telephone Number(s): \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Dates employed: from \_\_\_\_\_ to \_\_\_\_\_

Work performed: \_\_\_\_\_  
\_\_\_\_\_

Hourly Rate/Salary: \$ \_\_\_\_\_ to \$ \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

2.) Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City State Zip

Telephone Number(s): \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Dates employed: from \_\_\_\_\_ to \_\_\_\_\_

Work performed: \_\_\_\_\_  
\_\_\_\_\_

Hourly Rate/Salary: \$ \_\_\_\_\_ to \$ \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

3.) Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City State Zip

Telephone Number(s): \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Dates employed: from \_\_\_\_\_ to \_\_\_\_\_

Work performed: \_\_\_\_\_  
\_\_\_\_\_

Hourly Rate/Salary: \$ \_\_\_\_\_ to \$ \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

4.) Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street City State Zip

Telephone Number(s): \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Dates employed: from \_\_\_\_\_ to \_\_\_\_\_

Work performed: \_\_\_\_\_  
\_\_\_\_\_

Hourly Rate/Salary: \$ \_\_\_\_\_ to \$ \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER.

List professional, trade, business or civic activities and offices held.  
*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:*

**ADDITIONAL INFORMATION**

Other Qualifications:  
Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills:      (Check skills)  
\_\_\_\_\_ Terminal                      \_\_\_\_\_ PC/MAC                      \_\_\_\_\_ Typewriter (WPM \_\_\_\_\_)  
\_\_\_\_\_ Spreadsheet                      \_\_\_\_\_ Word Processing                      \_\_\_\_\_ Shorthand (WPM \_\_\_\_\_)

Production/Mobile Machinery (list) \_\_\_\_\_

Other (list): \_\_\_\_\_

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: *DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.*

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.      (Circle One)    YES    NO

**REFERENCES:**

Name	ADDRESS	PHONE
Name	Address	Phone
Name	Address	Phone

**APPLICANT'S STATEMENT:**

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I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date